

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	AUS920010440US1 (9000/43)
Application Number	09/915,439
Filing Date	JULY 26, 2001
First Named Inventor	RABINDRANATH DUTTA
Group Art Unit	3692
Examiner	DASS, H. T.

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input checked="" type="checkbox"/> Appeal Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> Change of Correspondence	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Executed Declaration	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>09-0447</u> . A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>09-0447</u> . A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=	0		x \$50=	
Indep.		Minus			x \$105=	0		x \$210=	
First Presentation of Multiple Dep. Claim					+ \$185=	—		+ \$370=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201
Signature	/FRANK C. NICHOLAS/

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically

to the U.S. Patent and Trademark Office on this date:

MARCH 27, 2008

Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: MARCH 27, 2008
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